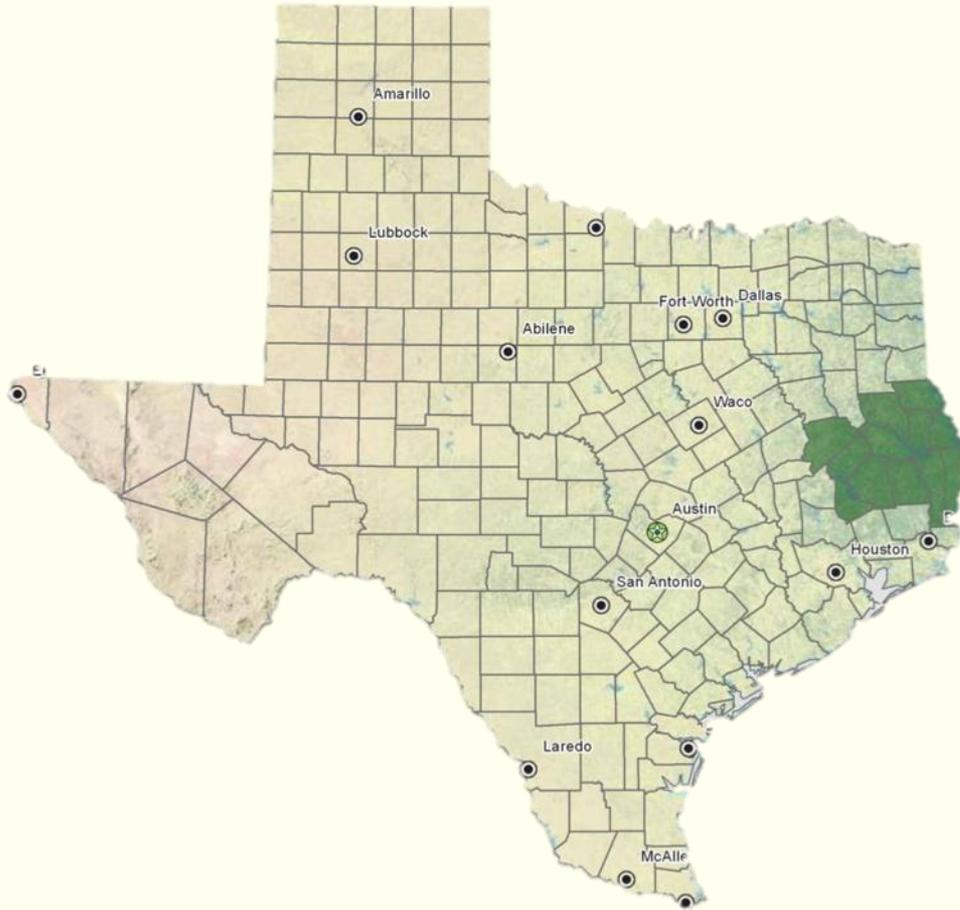




*Burke*



# 12 East Texas Counties

11,000 square miles

400,000 residents

Rural communities

HPSA/MUA

# 2005 Mental Health Crisis

## Constrained Resources

- Funding cuts
- No local beds
- Shortage of beds statewide
- No other comprehensive providers

## Increasing Demand

- High percentage uninsured
- System at capacity
- Hurricanes Katrina & Rita
- State Hospitals were full



# Burden on Hospitals and Law Enforcement

More calls to law enforcement

Emergency departments were full

Persons in crisis boarded in ED/hospital beds

Diverted to jail



Tele-medicine was the answer.

# Mental Health Emergency Center



24/7 Short-term crisis facility – unlocked voluntary unit & secure locked unit

Psychiatric assessments and treatment provided via telemedicine

Staffed with nurses, therapists and other mental health professionals

Medical detoxification available onsite

# Mental Health Emergency Center

On average serves over 100 clients per month

The average length of stay is under four days

Reduced use of more intensive services:

- only 30% require higher level of care
- diverted the other 70% from needing inpatient care
- decreased law enforcement involvement
- decompressed burden on local ERs/hospitals

Follow-up provided by mobile teams and outpatient clinic



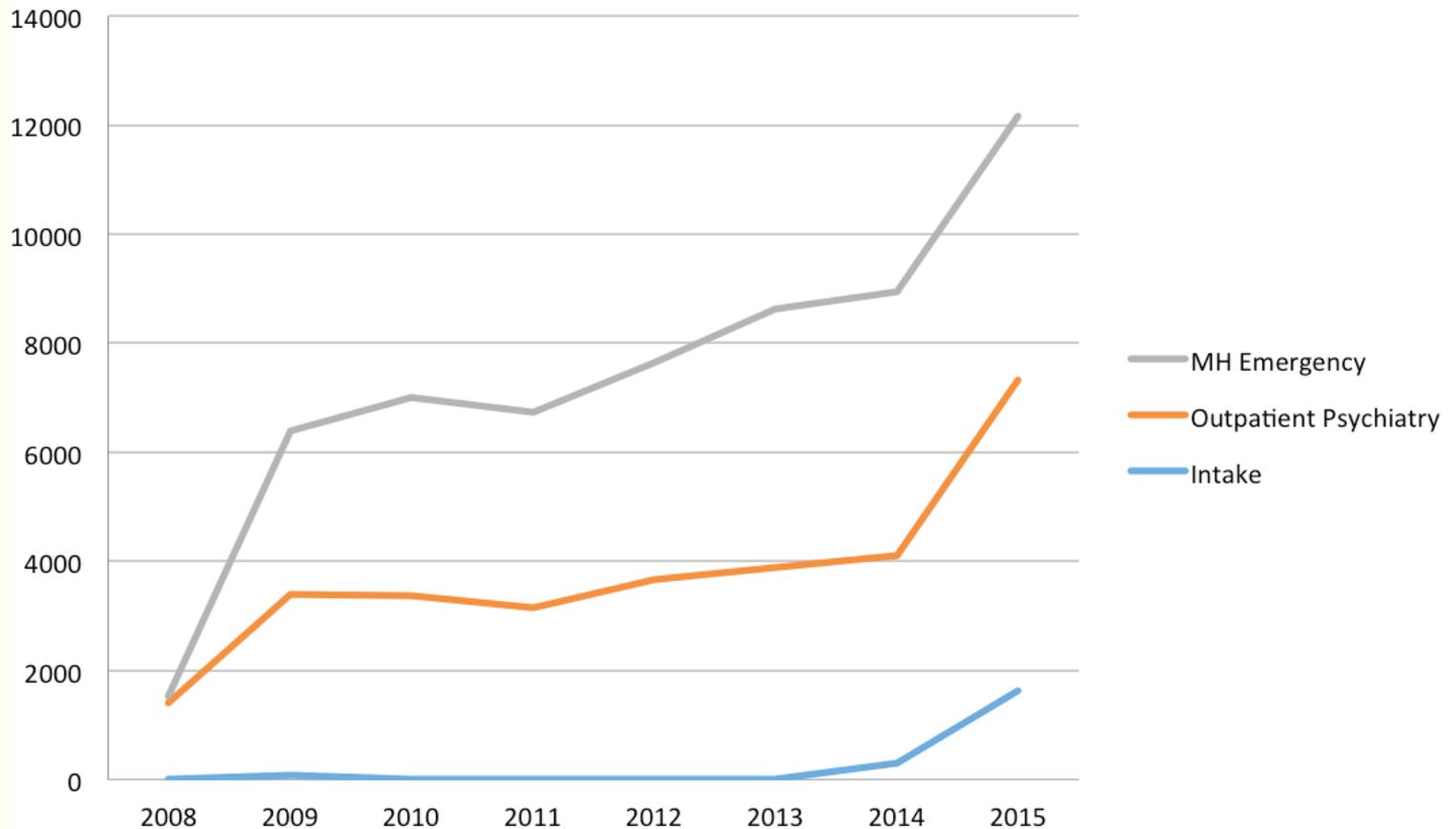
# Telemedicine @ Burke

In 2008, Burke provided telemedicine through 1,520 visits  
Visit types include intakes, psychiatry evaluations during mental health emergency and outpatient psychiatry encounters

In 2015, Burke expanded these services to 12,153 visits  
An increase of 35% from the previous year  
Largest increase among intake and outpatient psychiatry

VSQ-9 overall visit satisfaction scores average 86/100 (very good)

# Telemedicine Service Trends 2008 - 2015



# Future Plans

## Open Access:

- Eliminating wait list
- Utilizing telemed for intake and Dr. visit

## Outside the Four Walls:

- Dr. home visits
- Extend other services from main campus to satellite offices